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PRINTED: 08/16/2006
FORM APPROVED

If continuation sheet 1 of 13

Health Regulation Administration (X3) DATE SURVEY STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION COMPLETED **IDENTIFICATION NUMBER:** A. BUILDING B. WING 095011 08/10/2006 STREET ADDRESS, CITY, STATE, ZIP CODE F PROVIDER OR SUPPLIER 3333 WISCONSIN AVE NW NORTHWEST HEALTH CARE CTR WASHINGTON, DC 20016 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) (EACH DEFICIENCY MUST BE PRECEEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE CROSS-PRÉFIX PREFIX COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) REFERENCED TO THE APPROPRIATE DEFICIENCY) DATE TAG TAG 1.000 L 000 Initial Comments Submission of this plan of correction is not a legal admission that a deficiency exists or that An annual licensure survey was conducted this Statement of Deficiency was correctly cited, August 7 through 11, 2006. The following and is also not to be construed as an admission of interest against the facility, Executive Director, or deficiencies were based on observations, record any employees, agents or other individuals who reviews and interviews with the facility staff. The draft or may be discussed in this Plan of sample included 30 records based on a census Correction. In addition, preparation and of 324 residents on the first day of the survey. submission of this Plan of correction does not constitute an admission or agreement of any kind L 052 L 052 3211.1 Nursing Facilities by the facility of the truth of any facts alleged or the correctness of any conclusions set forth in this allegation by the survey agency. This Plan of Sufficient nursing time shall be given to each Correction is submitted as the facility's credible resident to ensure that the resident allegation of compliance. receives the following: (a)Treatment, medications, diet and nutritional supplements and fluids as prescribed, and rehabilitative nursing care as needed; (b)Proper care to minimize pressure ulcers and contractures and to promote the healing of ulcers: (c)Assistants in daily personal grooming so that the resident is comfortable, clean, and neat as evidenced by freedom from body odor, cleaned and trimmed nails, and clean, neat and wellgroomed hair; (d) Protection from accident, injury, and infection: (e)Encouragement, assistance, and training in self-care and group activities; (f)Encouragement and assistance to: (1)Get out of the bed and dress or be dressed in his or her own clothing; and shoes or slippers. which shall be clean and in good repair; (2)Use the dining room if he or she is able; and Regulation Administration HWW-ROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE OR'S OR/F

GOEW11

PRINTED: 08/16/2006 FORM APPROVED Health Regulation Administration STATEMENT OF DEFICIENCIES (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION COMPLETED AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING B. WING _ 095011 08/10/2006 STREET ADDRESS, CITY, STATE, ZIP CODE OF PROVIDER OR SUPPLIER 3333 WISCONSIN AVE NW NORTHWEST HEALTH CARE CTR WASHINGTON, DC 20016 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (EACH DEFICIENCY MUST BE PRECEEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE CROSS-COMPLETE PREFIX **PREFIX** REGULATORY OR LSC IDENTIFYING INFORMATION) REFERENCED TO THE APPROPRIATE DEFICIENCY) DATE TAG TAG L 052 L 052 Continued From page 1 L 052 (3)Participate in meaningful social and a. Resident #24 is no longer residing in this recreational activities; with eating; facility, as he discharged home. There was no actual harm caused to this resident. (g)Prompt, unhurried assistance if he or she requires or request help with eating; b. Each resident's Medication Administration Record, and Narcotic Sheets will be audited to (h)Prescribed adaptive self-help devices to assist determine the accuracy of both administration and documentation. him or her in eating independently; c. The single nurse involved in failing to sign for administered medications on the (i)Assistance, if needed, with daily hygiene, Medication Administration Record (for July 4 including oral acre; and 6:00 A.M. dose, July 7-, July 10 and July 14 th6:00 P.M. doses), has been counseled and j)Prompt response to an activated call bell or call will return to in-servicing for Medication for help. Administration and documentation procedures. The single nurse who failed to administer two doses of 40mg. Tabs of This Statute is not met as evidenced by: Oxycontin to yield an 80 mg dose as Based on record review for one (1) of 30 sampled prescribed, has also been counseled and will records, it was determined that sufficient nursing return to in-service for Medication time was not given to Resident #24 to ensure that Administration and documentation procedures. Oxycontin was administered as prescribed by the Both nurses will participate in return physician. demonstration of Medication Pass and documentation. The findings include: Each shift of Licensed Nurses will be inserviced on the findings and review of the On June 6, 2006, Resident #24 was initially Medication Administration and documentation. prescribed "Oxycontin 80 mg, 1 tab by mouth, Review of the Narcotic Count System will be twice daily for pain." The order was renewed included in the in-service, to determine the accuracy of the existing count. August 2, 2006. d. The Staff Development Nurses will be The resident's July and August 2006 Medication responsible for delivery of these in-services,

administered.

Administration Record (MAR) was left blank or

initialed and circled to indicate that the Oxycontin

80 mg was not given on July 4 at 6:00 AM, July 7

at 6:00 PM, July 10 at 6:00 PM, and July 14 at 6:

00 PM. There was no explanation on the "Nurse

Medication Notes" or in the nurses' notes for these dates as to why the medication was not monitoring.

and will conduct periodic return

demonstrations of Medication Pass and

Supervisors, ADNS's and DNS will

participate in periodic performance

e. Completion Date: September, 2006

documentation. The Unit Managers, Shift

Health Re	equiation Administra	ation		<u> </u>		(X3) DATE SURVEY	
STATEMENT	OF DEFICIENCIES	(X1) PRÖVIDER/SUPPLIE	R/CLÍA	(X2) MULTI	PLE CONSTRUCTION	COMPLETED	
AND PLAN O	FCORRECTION	IDENTIFICATION NU	MBER;	A. BUILDIN	G		
\mathcal{I}	:	005044		B. WING 08/1		08/10/2006	
	· · · · · · · · · · · · · · · · · · ·	095011	STREET ADD	DRESS CITY.	STATE, ZIP CODE		
N# DEP	ROVIDER OR SUPPLIER			CONSIN AV			
			TON, DC 2	0016			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCE Y MUST BE PRECEEDED B LSC IDENTIFYING INFORM	Y FULL	IÓ PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SHOUL REFERENCED TO THE APPROPRIATE	DBE CROSS- COMPLETE	
L 052	Continued From p	age 1		L 052	L 052		
	recreational activit		į		a. Resident #24 is no longer residir facility, as he discharged home. The actual harm caused to this resident.	ere was no	
	(g)Prompt, unhurried assistance if he or she requires or request help with eating; (h)Prescribed adaptive self-help devices to assist him or her in eating independently; (i)Assistance, if needed, with daily hygiene, including oral acre; and b. Each resident's Medication Administration Record, and Narcotic Sheets will be audited determine the accuracy of both administration and documentation. c. The single nurse involved in failing to sign for administration Record (for July 10 and July 14				Record, and Narcotic Sheets will b	oe audited to	
				ı	and documentation.		
				e (for July 4 ad July 14			
·.	j)Prompt response to an activated call bell or call for help. This Statute is not met as evidenced by: Based on record review for one (1) of 30 sampled records, it was determined that sufficient nursing time was not given to Resident #24 to ensure that Oxycontim was administered as prescribed by the		bell or call		th6:00 P.M. doses), has been couns will return to in-servicing for Medi Administration and documentation procedures. The single nurse who	ication	
(administer two doses of 40mg. Tal Oxycontin to yield an 80 mg dose prescribed, has also been counseled return to in-service for Medication Administration and documentation	os of as d and will procedures.		
	physician				Both nurses will participate in return demonstration of Medication Pass documentation.		
	The findings inclu				Each shift of Licensed Nurses will serviced on the findings and review	v of the	
	prescribed "Oxyco	Resident #24 was in ontin 80 mg, 1 tab by n." The order was re	mouth,		Medication Administration and do Review of the Narcotic Count Syst included in the in-service, to determ accuracy of the existing count.	tem will be	
	Administration Re initialed and circle	y and August 2006 M cord (MAR) was left and to indicate that the	blank or Oxycontin		d. The Staff Development Nurses responsible for delivery of these in and will conduct periodic return demonstrations of Medication Pass	s and	
	at 6:00 PM, July 1 00 PM. There wa Medication Notes	ven on July 4 at 6:00 0 at 6:00 PM, and Ju is no explanation on t " or in the nurses' no	lly 14 at 6: the "Nurse otes for		documentation. The Unit Manage Supervisors, ADNS's and DNS w participate in periodic performance monitoring.	ill	
	these dates as to administered.	why the medication v	vas not		e. Completion Date: September 20	106 Jone 9/14/6)	

GOEW11

Health Regulation Administration STATEMENT OF DEFICIENCIES (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION COMPLETED **IDENTIFICATION NUMBER:** A. BUILDING B. WING 095011 08/10/2006 STREET ADDRESS, CITY, STATE, ZIP CODE **F PROVIDER OR SUPPLIER** 3333 WISCONSIN AVE NW NORTHWEST HEALTH CARE CTR WASHINGTON, DC 20016 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (EACH DEFICIENCY MUST BE PRECEEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE CROSS-COMPLETE PREFIX **PREFIX** REGULATORY OR LSC IDENTIFYING INFORMATION) REFERENCED TO THE APPROPRIATE DEFICIENCY) DATE TAG TAG L 052 L 052 Continued From page 2 A review of the resident's Controlled Drug Record indicated that on August 9, 2006 only (1) one tablet of Oxycontin 40 mg was signed out for 6:00 PM. The nurse signed the MAR indicating that the resident received 80 mg of Oxycontin. The resident should have received two (2) 40 mg tablets of Oxycontin. A physical count was done with the staff nurse on August 10, 2006 at approximately 11:35 AM. The count was fifty-one (51) tablets, an odd number. If the correct dosage had been administered to the resident, the count would be an even number. The record was reviewed on August 10, 2006. L 214 3234.1 Nursing Facilities L 214 L 214 3234.1 NURSING FACILITIES Each facility shall be designed, constructed, located, equipped, and maintained to provide a The plastic guard in the service elevator was repaired and replaced with a solid surface. functional, healthful, safe, comfortable, and elevators were inspected to ensure supportive environment for each resident, compliance employee and the visiting public. Elevators will be checked weekly by This Statute is not met as evidenced by: engineering staff to ensure compliance. Based on observations during the survey, it was Director of engineering will monitor determined that the facility failed to ensure that monthly and report discrepancies to the monthly the environment was safe for staff and residents QA&A committee for review. as evidenced by: jagged edges on a plastic guard Completion date 9/24/06 in the elevator and storage of a closet door in a resident's room. These findings were observed in the presence of the Directors of Maintenance and Housekeeping and nursing staff. The findings include: 1. The plastic guard in the service elevator was observed to have jagged edges on the frontal surfaces near the entrance to the elevator in one (1) of one (1) observation at approximately 2:30 PM on August 9, 2006.

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			A BUILDIN	PLE CONSTRUCTION (X3) DATE SURVEY COMPLETED				
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NA OF PROVIDER OR SUPPLIER STREET ADDI			RE	SS, CITY,	STATE, ZIP CODE			
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(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIE MUST BE PRECEEDED BY LSC IDENTIFYING INFORMA	FULL		ID PREFIX TAG	PROVIDER'S PLAN OF CORE (EACH CORRECTIVE ACTION SHOL REFERENCED TO THE APPROPRIAT	ILD BE CROSS-	(X5) COMPLETE DATE
L 052	indicated that on A tablet of Oxycontin PM. The nurse signesident received to the resident should tablets of Oxycontin with the staff nurse approximately 11:3 (51) tablets, an oddosage had been at the count would be The record was resident and the count would be the record was resident and the environment was evidenced by: jain the elevator and resident's room. The findings included the count of the count	sident's Controlled Draugust 9, 2006 only (1) 40 mg was signed or ned the MAR indicating mg of Oxycontin. Id have received two in. A physical count value on August 10, 2006 as AM. The count was donumber. If the compadministered to the relation and even number, viewed on August 10, acilities The designed, construct and maintained to profit, safe, comfortable, and maintained to profit, safe, comfortable, and maintained to ensure a facility failed	one ut for 6:00 ing that the (2) 40 mg vas done at s fifty-one ect esident, 2006. cted, ovide a and it, y, it was ure that esidents stic guard oor in a bserved denance tor was rontal or in one		. 052	a. The plastic guard in the se was repaired and replaced with a sol b. elevators were inspected to compliance c. Elevators will be checked engineering staff to ensure compliand. Director of engineering withouthly and report discrepancies to QA&A committee for review. e. Completion date 9/24/06	rvice elevator id surface. to ensure weekly by ce. il monitor	eccul 9/14/05
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Health Regulation Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED			
		095011		B. WING_		08/10/2006		
NA FP	ROVIDER OR SUPPLIER		STREET ADDR	RESS, CITY, S	STATE, ZIP CODE			
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(X4) ID PREFIX TAG	(EACH DEFICIENCY MUST BE PRECEEDED BY FULL			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOULD REFERENCED TO THE APPROPRIATE D	BE CROSS- COMPLETE		
L 214	Continued From pa	ge 3		L 214	L 247 3238.3 NURSING FACILITIES			
	2. A damaged closet door was stored on the floor in room 607. When examined it moved freely in one (1) of one (1) observation at approximately 2: 00 PM on August 8, 2006. 3238.3 Nursing Facilities Each room that is used by a resident shall be maintained at a minimum temperature of seventy one degrees Fahrenheit (71°F) and a maximum of eighty-one degrees Fahrenheit (81°F) at all times when the room is occupied. This Statute is not met as evidenced by: Based on observations during the survey period, it was determined that the facility failed to				a. No resident was harmed as a rethis deficiency. Random temperature checks were taken used where needed. The rooms are 311,	and fans fourth		
L 247				L 247	floor day room, 514, 516, 521,607, 711, floor day room and eight floor day room b. Random temperature checks a conducted twice daily to identify other a risk. c. Portable cooling units have be purchased and are being placed where not compliance daily and report findings to monthly QA&A committee for review. e. Completion date 9/24/06	re being reas at en eeded. nitor for		
	maintain temperatures in residents' rooms between 71 and 81 degrees Fahrenheit (F). These findings were observed in the presence of maintenance staff.		(F).		L410 3256.1 NURSING FACILITIES			
	83 degrees F; Fourth Floor Day ro Fifth Floor rooms: 8 degrees F and 521 Sixth Floor room: 6 Seventh Floor roon Day room- 84 degre Eight Floor Day roo observations on Au 2006 between 8:15	305- 83 degrees F at som: 84-degrees F; 514-84 degrees F, 51 -84 degrees F; 07-82 degrees F; ns: 711- 84 degrees F ees F; and m: 82 degrees F in 1 gust 7, 2006 and Aug and 4:45 PM.	6-84 F and 0 of 10		a. All baseboard and floor surfactidentified are being corrected. The locat second floor hallway near the elevator at hallway, third floor room 311 and oxygoroom, fourth floor room 414 and hallway floor room 514 and short hallways, sixth rooms 614, 618 and hallways, seventh findliway, eighth floor hallway. b. Rounds will be conducted by engineering and housekeeping to identifiareas at risk. c. Housekeeping will include in daily inspections and deep cleaning of oper floor per day. Engineering will comrounds once per week and address any primmediately.	ions are and short en storage ys, fifth a floor loor short y other their ne room plete		
L 410		cilities rovide housekeeping ses necessary to mail	and	L 410	d. Housekeeping and Director of Engineering or designee will ensure con and report findings to the QA&A commonthly. e. Completion date 9/24/06	npliance		

Health Re	equiation Administra	ation				WO DATE CHOUSE	
STATEMENT	OF DEFICIENCIES.	(X1): PROVIDER/SUPPLIE!	A/GLIA - ·	(X2) MULTI	PLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
AND PLAN O	AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		A BUILDIN		1		
\smile		095011		B. WING _		08/10/2006	
11 A 2 - P.	ROVIDER OR SUPPLIER	000011	STREET ADD	DRESS, CITY.	STATE, ZIP CODE	!	
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NORTHW	EST HEALTH CARE	CTR	WASHING	TON, DC 2	0016		
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L 214	Continued From p	age 3		L 214	L 247 3238.3 NURSING FACILITIE	:s	
·	2. A damaged clos in room 607. Whe one (1) of one (1) 00 PM on August	set door was stored on examined it moved observation at approas, 2006.	freely in		a. No resident was harmed as a this deficiency. Random temperature checks were take used where needed. The rooms are 311 floor day room, 514, 516, 521,607, 71	n and fans , fourth 1, seventh	
	maintained at a mone degrees Fahof eighty-one degrees Fahof eighty-one degrees Fahof eighty-one degrees Fahor The statute is not between 71 and 8 These findings wernaintenance staff. The findings inclusive Floor rooms 83 degrees F; Fourth Floor rooms degrees F and 52 Sixth Floor rooms Seventh Floor rooms Seventh Floor rooms Eight Floor Day room- 84 degrees Floor Day roo	used by a resident strinimum temperature renheit (71°F) and a rees Fahrenheit (81°F) om is occupled. In the tas evidenced bations during the surved that the facility failed tures in residents' room to degrees Fahrenhei are observed in the professions. See 1-84 degrees F; 514-84 degrees F; 514-84 degrees F; 607-82 de	of seventy maximum r) at all y: ey period, to oms t (F) esence of 16-84 F and 10 of 10	L 247	floor day room, 514, 516, 521,607, 71: floor day room and eight floor day roob. Random temperature checks conducted twice daily to identify other risk. c. Portable cooling units have I purchased and are being placed where d. Director of engineering to me compliance daily and report findings to monthly QA&A committee for review e. Completion date 9/24/96 L410 3256.1 NURSING FACILITIE 1 a. All baseboard and floor surfidentified are being corrected. The loc second floor hallway near the elevator hallway, third floor room 311 and oxy room, fourth floor room 414 and hally floor rooms 514 and shorth hallways, sir rooms 614, 618 and hallways, seventh hallway, eighth floor hallway. b. Rounds will be conducted be engineering and housekeeping to iden areas at risk. c. Housekeeping will include daily inspections and deep cleaning of per floor per day. Engineering will crounds once per week and address any immediately. d. Housekeeping and Director Engineering or designee will ensure of	are being areas at the connected conitor for the connected constant at the connected conitor for the connected conitor for the connected conitor for the connected con	
		provide housekeepin vices necessary to ma			and report findings to the QA&A con		
Health Regu STATE FOR	lation Administration			Вава	GOEW11 9/23/06	ontinuation sheet 4 of	

Health Regulation Administration STATEMENT OF DEFICIENCIES (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION COMPLETED **IDENTIFICATION NUMBER:** A. BUILDING B. WING 095011 08/10/2006 OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 3333 WISCONSIN AVE NW NORTHWEST HEALTH CARE CTR WASHINGTON, DC 20016 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) PREFIX (EACH DEFICIENCY MUST BE PRECEEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE CROSS-COMPLETE **PREFIX** REGULATORY OR LSC IDENTIFYING INFORMATION) REFERENCED TO THE APPROPRIATE DEFICIENCY) DATE TAG TAG L 410 (cont.) L 410 | Continued From page 4 L 410 exterior and the interior of the facility in a safe, All units identified were cleaned. The sanitary, orderly, comfortable and attractive locations are second floor rooms 205,221, 227 manner. and dining room, third floor room 311, fourth This Statute is not met as evidenced by: floor rooms 403, 410, and 420, fifth floor rooms Based on observations during the survey period, 502, 511, 514, 516, and 521, sixth floor rooms it was determined that housekeeping and 606, 607, 611, 618, and 625, seventh floor rooms maintenance services were not adequate to 701, 711, 714, 717, 720 and Dayroom, eight floor ensure that the facility was maintained in a safe room 822 and dayroom. and sanitary manner as evidenced by: soiled and Housekeepers assigned to each floor damaged baseboards and floors, soiled HVAC (will be inserviced on identifying HVAC units that need cleaning and the method for cleaning Heating Ventilation and Air Conditioning Units) and report back to Housekeeping supervisor by louvers and control panels, exhaust vents and 8/29/06. bed frames: damaged and uneven floors: Engineering will clean interior of A/C cleaning equipment stored on the floor; excessive units during replacement of filters quarterly. personal items in residents' rooms; damaged geri Housekeeping will also include in its deep and wheelchair armrests and ceiling and wall cleaning schedule. surfaces; marred chair legs and tables; soiled Directors of Housekeeping or designee Barbicide solution and roller trays; plungers will be responsible to monitor for compliance stored on the floor; and operation of electric fans daily and report findings to the QA&A in isolation rooms. These findings were observed committee monthly. in the presence of the Directors of Maintenance Completion date 9/24/06 and Housekeeping and nursing staff. The interior surfaces of exhaust vents in the The findings include: rooms identified were immediately addressed by engineering. They are floor rooms 417 and 420. 1. Baseboard and floor surfaces were soiled and fifth floor rooms 511, 514, sixth floor rooms 606, damaged in residents' rooms and hallways. 625, seventh floor 711, 717, shower room and pantry, eight floor room 808 and 813. Second Floor hallway near the elevator and short Engineering will conduct inspections of hallway in two (2) of two (2) observations at 3:45 all exhaust vents to identify other areas at risk PM on August 8, 2006. and clean as identified. Engineering will conduct weekly rounds and clean as needed. Third Floor room 311 and oxygen storage room in Director of Engineering and or two (2) of two (2) observations at approximately 3 designee will monitor monthly and report :30 PM on August 8, 2006. findings to the QA&A committee monthly. Completion date 9/24/06. Fourth Floor room 414 and hallways in four (4) of four (4) observations between 2:22 PM and 3:00 PM on August 8, 2006.

Health Regulation Administration (X3) DATE SURVEY STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION COMPLETED PLAN OF CORRECTION IDENTIFICATION NUMBER: A BUILDING B. WING 095011 08/10/2006 STREET ADDRESS, CITY, STATE, ZIP CODE OF PROVIDER OR SUPPLIER 3333 WISCONSIN AVE NW NORTHWEST HEALTH CARE CTR WASHINGTON, DC 20016 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION CX51 (X4) ID PREFIX (EACH DEFICIENCY MUST BE PRECEEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE CROSS-COMPLETE PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) REFERENCED TO THE APPROPRIATE DEFICIENCY) DATE TAG TAG L 410 (cont.) L 410 Continued From page 4 L 410 exterior and the interior of the facility in a safe. All units identified were cleaned. The sanitary, orderly, comfortable and attractive locations are second floor rooms 205,221, 227 manner. and dining room, third floor room 311, fourth This Statute is not met as evidenced by: floor rooms 403, 410, and 420, fifth floor rooms Based on observations during the survey period. 502, 511, 514, 516, and 521, sixth floor rooms it was determined that housekeeping and 606, 607, 611, 618, and 625, seventh floor rooms maintenance services were not adequate to 701, 711, 714, 717, 720 and Dayroom, eight floor ensure that the facility was maintained in a safe room 822 and dayroom. and sanitary manner as evidenced by: soiled and b. Housekeepers assigned to each floor damaged baseboards and floors, soiled HVAC (will be inserviced on identifying HVAC units Heating Ventilation and Air Conditioning Units) that need cleaning and the method for cleaning louvers and control panels, exhaust vents and and report back to Housekeeping supervisor by 8/29/06. bed frames; damaged and uneven floors: Engineering will clean interior of A/C cleaning equipment stored on the floor, excessive units during replacement of filters quarterly. personal items in residents' rooms; damaged geri Housekeeping will also include in its deep and wheelchair armrests and ceiling and wall cleaning schedule. surfaces; marred chair legs and tables; soiled Directors of Housekeeping or designee Barbicide solution and roller trays; plungers will be responsible to monitor for compliance stored on the floor, and operation of electric fans daily and report findings to the QA&A in isolation rooms. These findings were observed committee monthly. in the presence of the Directors of Maintenance Completion date 9/24/06 and Housekeeping and nursing staff. 3 The findings include: n. The interior surfaces of exhaust vents in the rooms identified were immediately addressed by engineering. They are floor rooms 417 and 420. 1. Baseboard and floor surfaces were soiled and fifth floor rooms 511, 514, sixth floor rooms 606, damaged in residents' rooms and hallways. 625, seventh floor 711, 717, shower room and pantry, eight floor room 808 and 813. Second Floor hallway near the elevator and short Engineering will conduct inspections of hallway in two (2) of two (2) observations at 3:45 all exhaust vents to identify other areas at risk PM on August 8, 2006. and clean as identified. Engineering will conduct weekly Third Floor room 311 and oxygen storage room in rounds and clean as needed. Director of Engineering and or two (2) of two (2) observations at approximately 3 designee will monitor monthly and report :30 PM on August 8, 2006. findings to the QA&A committee-monthly. e. Completion date 9/24/06. Fourth Floor room 414 and hallways in four (4) of four (4) observations between 2:22 PM and 3:00 PM on August 8, 2006. Health Regulation Administration STATE FORM **GOEW11** If continuation sheet 5 of 13

Health Regulation Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:

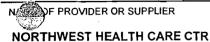
(X2) MULTIPLE CONSTRUCTION

(X3) DATE SURVEY COMPLETED

095011

A. BUILDING B. WING

08/10/2006



STREET ADDRESS, CITY, STATE, ZIP CODE

3333 WISCONSIN AVE NW WASHINGTON, DC 20016

(X4) ID	SUMMARY STATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	(X5)
(X4) ID PREFIX	(EACH DEFICIENCY MUST BE PRECEEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD BE CROSS-	COMPLETE
TAG	REGULATORY OR LSC IDENTIFYING INFORMATION)	TAG	REFERENCED TO THE APPROPRIATE DEFICIENCY)	DATE
,,,,		.,	, '	
			4.	
L 410	Continued From page 5	L 410	a. All rooms identified were addressed	
_			immediately. They are second floor rooms	
	Fifth Floor room 514 and short hallway in two (2)		221, 227, fourth floor rooms 403, 417, fifth	
	of three (3) observations between 11:33 AM and		floor rooms 511, 514, sixth floor rooms	
	3:00 PM on August 8, 2006.		618, 625, seventh floor rooms 701, 706,	
	3.00 F W On August 6, 2000.		714, eight floor rooms 801, 817, 822.	
			b. Housekeeping supervisor and assistant will	
1	Sixth Floor rooms 614, 618 and hallways in four (conduct rounds to inspect all beds to ensure	
	4) of four (4) observations between 10:55 AM and			
	11:30 PM on August 8, 2006.		compliance by 9/1/06.	
	11:00 1 W 0117 tagast 0, 2000.		c. Housekeeping supervisor will in-service all	
	Q (1.5) 1.1.11 · (4) ((4)		staff on proper cleaning methods.	
	Seventh Floor short hallway in one (1) of one (1)		d. Housekeeping supervisor and or designee	
l	observation at 4:20 PM on August 7, 2006.		will conduct room inspections of three	١
			rooms per floor per day and report findings	/
	Eighth Floor hallway in one (1) of one (1)		to the QA&A committee monthly.	
	observation between 11:04 AM and 12:55 PM on		e. Completion date 9/24/06.	
			J°	
	August 7, 2006.		5.	
			a. The rear patio will be resurfaced by the	
1	2. HVAC Unit top and lower louvers and control		appropriate contractor.	
	panels were soiled with dust and debris in the	•	b. Engineering department staff will inspect	
			surface on a daily basis and repair as	
947.973	following areas:		needed.	
" n et entre			c. Director of Engineering and or designee	*
	Second Floor rooms 205, 221, 227 and Dining		will inspect surface monthly for	
ļ	room in four (4) of four (4) observations between		compliance.	
	3:45 PM and 4:10 PM on August 8, 2006.		d. Environmental rounds team will monitor for	
			compliance on a quarterly basis and report	
j	Third Floor room 211 in one (1) of one (1)		findings to the QA&A committee for	•
	Third Floor room 311 in one (1) of one (1)		review.	
	observation at 3:30 PM on August 8, 2006.		e. Completion date 9/24/06.	
1				
	Fourth Floor rooms 403, 410 and 420 in three (3)		6	
	of five (5) observations between 2:22 PM and 3:		a. The areas identified were corrected during	
	00 PM on August 8, 2006.		the survey. They are third floor janitors	
			closet, sixth floor janitors closet, seventh	
	Fifth Floor rooms 500 544 544 540 cm 504 1		floor janitors closet, eighth floor janitors	
	Fifth Floor rooms 502, 511, 514, 516 and 521 in		closet.	
	five (5) of five (5) observations between 11:33		b. Housekeeping supervisor will inspect	
	AM and 3:00 PM on August 8, 2006.		janitor's closets to ensure compliance.	
			c. Housekeeping supervisor will inservice	
	Sixth Floor rooms 606, 607, 611, 618 and 625 in		staff on the importance of storing mops and	
	five (5) of eight (8) observations between 10:20		brooms off the floor and the procedure for	
			storage.	
	AM and 12:00 PM on August 8, 2006.		d. Housekeeping supervisor and or designee	
			will conduct rounds daily to ensure	
	Seventh Floor rooms 701, 711, 714, 717, 720		compliance.	
	and Day Room in six (6) of six (6) observations		e. Completion date of 9/24/06	
			,	

Health R	egulation Administr	ation		-γ			
	STATEMENT OF DEFICIENCIES LAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X2) MULT A BUILDIN B. WING		(X3) DATE SU COMPLE	TED
	· · · · · · · · · · · · · · · · · · ·	095011				08/10	0/2006
N/ D)F P	ROVIDER OR SUPPLIER		STREET ADI	DRESS, CITY,	STATE, ZIP CODE		
NORTHY	VEST HEALTH CARE	CTR		CONSIN AVITON, DC 2			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN ((EACH CORRECTIVE ACTION REFERENCED TO THE APP	ON SHOULD BE CROSS-	(X5) COMPLETE DATE
_	Fifth Floor room 5 of three (3) observed 3:00 PM on August 3:00 PM on August 4) of four (4) observed on August 7:30 PM on August 7:2006. 2. HVAC Unit top a panels were soiled following areas: Second Floor room of 3:45 PM and 4:10 Third Floor room 3 observed on August 7:200 PM on August 8:30 PM on	14 and short hallway in rations between 11:33 at 8, 2006. 614, 618 and hallway revations between 10:5 at 8, 2006. It hallway in one (1) of PM on August 7, 20:4 ay in one (1) of one (1) en 11:04 AM and 12:5 and lower louvers and with dust and debris 11:05 and 12:5 and four (4) observations PM on August 8, 2006. 60 PM on August 8, 2006.	s in four (is 5 AM and sin four (is 5 AM and sin four (is 5 AM and sin fone (1) of 5. between 6. control in the Dining between 6. three (3) A and 3: d 521 in 11:33 d 625 in 11:33	L 410	floor rooms 511, 514, 618, 625, seventh floor 714, eight floor rooms b. Housekeeping superv conduct rounds to ins compliance by 9/1/06. c. Housekeeping superv staff on proper cleaning the Housekeeping superv will conduct room ins rooms per floor per dute the QA&A commit c. Completion date 9/24. 5. a. The rear patio will be appropriate contractor b. Engineering departm surface on a daily bas needed. c. Director of Engineeri will inspect surface in compliance. d. Environmental round compliance on a quartindings to the QA&A review. e. Completion date 9/24 6 a. The areas identified with survey. They are recloset, sixth floor jami floor jamitons closet, ecloset. b. Housekeeping superviganitor's closets to ensist to ensist the consideration of the cons	re second floor rooms rooms 403, 417, fifth sixth floor rooms or rooms 701, 706, s 801, 817, 822. risor and assistant will pect all beds to ensure fisor will in-service all ing methods. risor and or designee spections of three ay and report findings ttee monthly. HOS. HOS.	verace of half
ST/ FOR			61	gea G	50EW11 9/	23/06 The continuation	on sheet 6 of 13

PRINTED: 08/16/2006 FORM APPROVED Health Regulation Administration (X3) DATE SURVEY STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION COMPLETED AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING B. WING_ 095011 08/10/2006 STREET ADDRESS, CITY, STATE, ZIP CODE F PROVIDER OR SUPPLIER N/ 3333 WISCONSIN AVE NW NORTHWEST HEALTH CARE CTR WASHINGTON, DC 20016

. (X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS- REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
	REGULATORY OR LSC IDENTIFYING INFORMATION)			
	Second Floor rooms 221 and 227 in two (2) of four (4) observations between 3:45 PM and 4:15			

Health R	egulation Administra	ation					
	STATEMENT OF DEFICIENCIES APPLAN OF CORRECTION ORDER/SUPPLIBENTIFICATION N		MRER			(X3) DATE SU COMPLE	
\bigcirc	- :	. 095011		B. WING _		08/10	0/2006
NV)FP	ROVIDER OR SUPPLIER		STREET AD	DRESS, CITY,	STATE, ZIP CODE		
NORTHWEST HEALTH CARE CTR 3333 WIS WASHING			3333 WIS WASHING	CONSIN AV TON, DC 2	E NW 0016		
. (X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		FULL	ID P REFIX TAG	PROVIDER'S PLAN OF COF (EACH CORRECTIVE ACTION SHO REFERENCED TO THE APPROPRI	OULD BE CROSS-	(XS) COMPLETE DATE
L 410	between 3:56 PM a 2005 Eighth Floor room of five (5) observation August 7, 2006. 3. The interior surfisoiled with accumulareas: Third Floor rooms 2) observations be on August 8, 2006. Fourth Floor rooms (2) observations be on August 8, 2006. Fifth Floor rooms 8) observations beton August 8, 2006. Sixth Floor rooms 5) observations be on August 8, 2006. Sixth Floor rooms 5) observations be on August 8, 2006. Seventh Floor rooms 5, 2006. Seventh Floor rooms 6, 2006.	and 4:30 PM on Augustand 4:30 PM on Augustand 4:30 PM on Augustand 1:04 AM and 1 aces of exhaust venturated dust in the folions and 305 in two (2) tween 2:45 PM and 305 and 420 in two extreen 3:45 PM and 305 and 514 in two (2) tween 11:33 AM and 305 and 625 in two (2) tween 10:20 AM and 305 and 625 in two (2) tween 10:20 AM and 305 and 625 in two (2) tween 10:20 AM and 305 and 635 in two (2) tween 10:20 AM and 305 and 635 in two (2) tween 10:20 AM and 305 and 813 in two (2) tween 11:04 AM and 305 and 813 an	n two (2) 2:00 PM s were owing 2) of two (3:05 PM (2) of two 4:10 PM) of five (5:00 PM 2) of five (12:01 PM room and between 6.	L 410	I. 410 (cont.) 7. a. No harm was caused as a redeficiency. Discussion will be held will involved by social service to proper storage of the excess items. They are rooms 301, 801. b. RCCs, zone monitors and stidentify rooms with excessioning rounds for correction. c. All nursing, social service a housekeeping and laundry serviced on the proper proces of resident personal items. d. Director of housekeeping with monthly for compliance. c. Completion date 9/24/06. 8. a. All worn and damaged Gerical wheelchair armrests identify replaced. They are third flood day room, fourth floor day rooms 516, 517 and the day floor day room, seventh floor eighth floor day room. b. Engineering will inspect Gerical wheelchairs to identify other damaged armrests. c. Engineering will conduct we Housekeeping will also alert damaged armrests during the wheelchair and Oeri chair clud. Director of engineering and monitor for compliance monitorings to the QA&A commerciew. e. Completion date 9/24/06.	the residents of arrange for two personal 310, 318, and apervisors will we storage and taff will be inside for storage and the for storage arroom 305 and foom, fifth floor froom, sixth or day room, it chair and worn or the kly rounds. Engineering or air weekly rounds. Engineering or air weekly rounds. Engineering or designee will thely and report affects or the storage of the storage.	Merce 1, 1/0
	4. The frame surfaces of residents' beds were soiled with accumulated dust. Second Floor rooms 221 and 227 in two (2) of four (4) observations between 3:45 PM and 4:15				9/23	ofo o Jon	
lealth Regul	ation Administration				<u> </u>		

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GOEW11

Health Regulation Administration STATEMENT OF DEFICIENCIES (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION COMPLETED **IDENTIFICATION NUMBER:** A. BUILDING B. WING _ 095011 08/10/2006 STREET ADDRESS, CITY, STATE, ZIP CODE F PROVIDER OR SUPPLIER 3333 WISCONSIN AVE NW NORTHWEST HEALTH CARE CTR WASHINGTON, DC 20016 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION 1D (X4) ID (EACH DEFICIENCY MUST BE PRECEEDED BY FULL COMPLETE **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE CROSS-PRÉFIX REGULATORY OR LSC IDENTIFYING INFORMATION) TAG REFERENCED TO THE APPROPRIATE DEFICIENCY) DATE TAG L 410 (Cont.) L 410 L 410 Continued From page 7 PM on August 8, 2006. No harm was caused as a result of this deficiency. Engineering will correct the Fourth Floor rooms 403 and 417 in two (2) of four second floor day room, third floor day observations between 3:45 PM and 4:20 PM on room, hallway and in front of the elevators. August 8, 2006. fourth floor room 417 and day room, fifth floor rooms 514, 517 and day room, sixth Fifth Floor rooms 511 and 514 in two (2) of five (5 floor rooms 602, 612, 618 and day room, seventh floor rooms 701, 720, and day) observations between 11:33 AM and 3:00 PM of room, eight floor rooms 801, 808, 812, 813, August 8, 2006. 817, 822, and day room by September 24. 2006. Sixth Floor rooms 618 and 625 in two (2) of four (Engineering will conduct a full house 4) observations between 10:20 AM and 12:01 PM inspection to identify other areas at risk. on August 8, 2006. Other areas identified will be scheduled for repair. Protective wall coverings will be used where needed. Seventh Floor rooms 701, 706 and 714 in three (Director of Engineering and or designee 3) of six (6) observations between 3:56 PM and 4 will monitor for compliance monthly and :45 PM on August 8, 2006. report findings to the QA&A committee. Completion date 9/24/06. Eight Floor rooms 801, 817 and 822 in three (3) of eight (8) observations between 11:04 AM and 12:20 PM on August 8, 2006. Dayrooms have been repaired on the second, fourth, fifth, sixth and eighth floor. Other areas mentioned, room 227, third 5. The concrete patio surfaces in the rear of the floor mop rooms, fourth floor rooms, 420. facility were damaged, uneven and eroded in one 411, fifth floor 517, 607 and 822 have also (1) of one (1) observation at 2:30 PM on August 9 been repaired. , 2006. Engineering department will conduct a full house audit to identify other areas at risk. Monthly rounds will be conducted by 6. Cleaning equipment such as mops, brooms Engineering staff and repaired as needed. and dust pans were stored on the floor in the Director of Engineering will monitor for following areas: compliance on a quarterly basis and report negative findings to the QA&A committee Third Floor janitorial closet in one (1) of two (2) for review. Completion date is 9/24/06. observations at approximately 4:00 PM on August 7, 2006. Sixth Floor janitorial closet in one (1) of two (2) observations at approximately 11:15 PM on August 8, 2006. Seventh Floor mop storage room in one (1) of